08808

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
LENGTH OF STAY (in this place) 79 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) H. (Last) Bozman

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug. 11, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retied waterman
10b. KIND OF BUSINESS OR INDUSTRY: waterman
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Bozman
14. MOTHER'S MAIDEN NAME: Harriet Laird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mr James Bozman Oriole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Coronary occlusion	15 minutes
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	arterial Sclerosis	Unknown
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24/52 Dead on arrival 8/24/52 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 1 40 p.m., from the causes and on the date stated above.

SIGNATURE Thos. B. Wheeler (DEGREE OR TITLE) ADDRESS Princess Anne Md. DATE SIGNED 8/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 28, 1952
NAME OF CEMETERY OR CREMATORY: Oriole cemetery
LOCATION (City, town, or county) (State): Oriole, Md

DATE REC'D BY LOCAL REG. 8/28/52
REGISTRAR'S SIGNATURE R. S. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 29 1952
BUREAU V. S.

08809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: SOMERSET — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHANCE
LENGTH OF STAY (In this place): 24 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 812 N. BENTALOU ST

3. NAME OF DECEASED (Type or Print): ~~Hattie~~ WILMER (First) LEE (Middle) DAVIS (Last)

4. DATE OF DEATH: AUG (Month) 10 (Day) 1952 (Year)

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG 9, 1884

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERICAL

10b. KIND OF BUSINESS OR INDUSTRY: TELEPHONE CO.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BENJAMIN DAVIS

14. MOTHER'S MAIDEN NAME: MARIETT BITTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): 1913-19

16. SOCIAL SECURITY No.: 212-03-6319

17. INFORMANT: DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — 24 HRS

4434 Antecedent cause(s) — URAMIA

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE C.V.D. — 12 YRS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1952 to 8-10, 1952 that I last saw the deceased alive on 8-9, 1953 and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George M Lumm M.D. — ADDRESS: Princess Anne Md — DATE SIGNED: 8-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8-13-1952 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county): Pikesville, | (State): Md.

DATE REC'D BY LOCAL REG: 8-11-52 | REGISTRAR'S SIGNATURE: A. K. Hedrick

24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.

(18810)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AM

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield
LENGTH OF STAY (in this place) 74 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Richardson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Richardson Ave.

3. NAME OF DECEASED: (First) Leila (Middle) (Last) Gunby
4. DATE OF DEATH: (Month) August (Day) 3, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	Feb. 12, 1878	74 yrs.	5	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sales clerk	Department store	Crisfield, Maryland	U S A

13. FATHER'S NAME: Elisha Samuel Gunby
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	218-01-8591	Alda Gunby, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Cerebral thrombosis & hemiplegia DUE TO	I wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) left side DUE TO	
	(c) Hypotension arteriosclerosis	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May, 19 49, to Aug 3, 19 52, that I last saw the deceased alive on Aug 3, 19 52, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE C J Rawley (DEGREE OR TITLE) M.D. ADDRESS Crisfield Md DATE SIGNED 8/4/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 5, 1952	Gunby Private Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/4/52	Betty W. Tyler	Durward Q. Covington	Crisfield, Md.

RECEIVED
AUG 6 1952
BUREAU V. S.

08811

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Myrtle Street	STREET ADDRESS (If rural, give location) 216 Myrtle Street

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Frances M (Last) Moore

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Aug. 15 1865	87 yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Accomac Va.	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charlie E. Allen	Elizabeth Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	no	Beulah Moore, 216 Myrtle St. Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute coronary occlusion	2 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General arteriosclerosis	years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1952, to only, 19....., that I last saw the deceased alive on 8/17, 1952, and that death occurred at 2 p. m., from the causes and on the date stated above.

SIGNATURE Robert F. Lewis (DEGREE OR TITLE) M.D. ADDRESS Crisfield, Md DATE SIGNED 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 20 1952	Crisfield	Crisfield, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/19/52	Betty W. Tyler	D. Lovington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-1

RECEIVED
AUG 21 1952
BUREAU V. S.

(18812)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Crisfield, — LENGTH OF STAY (in this place): Idife
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Crisfield, Md
STREET ADDRESS (If rural, give location): Sackertown Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Ray (Last) Nelson

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 18 1883

9. AGE Last Birthday: 68 yrs. — IF UNDER 1 YEAR: Months 7 Days 17 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Crisfield, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Henry Nelson

14. MOTHER'S MAIDEN NAME: Betty E. Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO.: 213-22-7397

17. INFORMANT & ADDRESS: Raymond Nelson... .Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332 X

Immediate cause (a) Thrombosis (cerebral) — DUE TO — Interval Between Onset and Death: 1 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral arteriosclerosis — DUE TO — Interval Between Onset and Death: ?

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Hemiplegia - 7 yr - Diabetes mellitus 3 yr -

19a. DATE OF OPERATION: Amputation 2 toes Rt. Ft. 1948 - Amputation Rt. Leg 1948 - Amputation Left Leg 1949 — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Aug. 5, 1952, that I last saw the deceased alive on Aug. 4, 1952, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

L. Jr. Payton M.D. Crisfield, Md Aug 6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 7th 1952 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county): Crisfield, Md. (State)

DATE REC'D BY LOCAL REG. 8/7/52 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Howard D. Covington Crisfield

RECEIVED
AUG 11 1952
BUREAU V. L.

08813

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Eldon (Middle) T. (Last) Pusey Sr.
4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 23 1895
9. AGE last birthday: 57 yrs. (Months) (Days) (Hours) (Min.) (IF UNDER 1 YEAR OR UNDER 24 HRS)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Theodore Pusey
14. MOTHER'S MAIDEN NAME: Mary Reid
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) N
16. SOCIAL SECURITY No. NC
17. INFORMANT & ADDRESS: Mrs Eldon T. Pusey Westover, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute Fil. of Heart - Eremia	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Disease	[illegible]
	DUE TO (c) Chronic Int. Nephritis Chronic	2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis & Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) CITY OR TOWN (COUNTY) STATE
TIME OF INJURY (Month) Day (Year) (Hour) M INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1952, to Aug 22, 1952, that I last saw the deceased alive on Aug 22, 1952, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

SIGNATURE Jorge Goulburn M.D. (DEGREE OR TITLE) ADDRESS Marion - Md DATE SIGNED August 23 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Aug 24 1952 NAME OF CEMETERY OR CREMATORY St. Andrew Cemetery LOCATION City, town, or county Princess Anne Md (State)
DATE REC'D BY LOCAL REG. Aug 23, 1952 REGISTRAR'S SIGNATURE Leslie D. Payne
24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 27 1971
BUREAU V. S.

08816

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Jacksonville Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Laura R. Somers

4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: May 16 1874
9. AGE last birthday: 78 yrs. If under 1 year: Months 2 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Crisfield, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Evans
14. MOTHER'S MAIDEN NAME Emma S. Daugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk. If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: George Somers, ...Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 7
DUE TO

Antecedent cause(s) (b) Arteriosclerosis — 2
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocardial insufficiency

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) COUNTY STATE
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952 to Aug. 5, 1952 that I last saw the deceased alive on Aug. 5, 1952 and that death occurred at 11:30 a.m., from the causes and on the date stated above

SIGNATURE S. M. Peyton (DEGREE OR TITLE) M.D. ADDRESS Crisfield, Md DATE SIGNED Aug. 6 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Aug 7 1952 NAME OF CEMETERY OR CREMATORY Sunny Ridge LOCATION (City, town, or county) Crisfield State Md

DATE REC'D BY LOCAL REG. 8/7/52 REGISTRAR'S SIGNATURE Betty W. Tyler **24. FUNERAL DIRECTOR** Howard L. Covington ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
AUG 11
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26[illegible]

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 3 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH: Month 8 Day 17 Year 19 52

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No. 214-16-7608
17. INFORMANT & ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound communited [illegible]
816.4 DUE TO
Antecedent cause(s) (b) [illegible] result of Auto. 3 [illegible]
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c) Accident

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY Home, farm, factory, street, office bldg., etc. [illegible]
(CITY OR TOWN) [illegible] (COUNTY) Somerset (STATE) Maryland
TIME OF INJURY (Month) Aug (Day) [illegible] (Year) [illegible] (Hour) 7:2 [illegible] M
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from Aug. 16, 19 52, to Aug. 7, 19 52, that I last saw the deceased alive on Aug. 7, 19 52, and that death occurred at 7:15 A.m., from the causes and on the date stated above

SIGNATURE [illegible] DEGREE OR TITLE ADDRESS Marion, Md DATE SIGNED 8 [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF Aug 22, 1952 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. Aug. 1, 52 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Princess Anne, Md

VS. A15 (8-51)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

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Auto to auto

08815

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manokin Md — LENGTH OF STAY (in this place): 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manokin Md. (Rural)
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Robert Louis Stevenson
4. DATE OF DEATH (Month) (Day) (Year): 8 3 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-14-1900
9. AGE last birthday: 52 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Poultry
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: John Stevenson
14. MOTHER'S MAIDEN NAME: Lillie Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 051-12-2060
17. INFORMANT: Elizabeth Stevenson Wife

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pistol shot wounds of chest — instant

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Manokin (Rural) Somerset Md
TIME OF INJURY (Month) (Day) (Year) Hour: 8-3-52 12:15 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Killed at Nighters Homicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and [illegible] resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐*

SIGNATURE: R. H. Johnson M.D. — (Degree or title): Assistant Deputy Medical Examiner — ADDRESS: Princess Anne Md — DATE SIGNED: 8-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 8-9-52 — NAME OF CEMETERY OR CREMATORY: Western Star — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 8/7/52 — REGISTRAR'S SIGNATURE: R. H. Johnson M.D. — 24. FUNERAL DIRECTOR: Wendell H. James Jr. — ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

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08817

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 125 Richardson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): 125 Richardson Ave.

3. NAME OF DECEASED: (Type or Print) (First) LORENZO (Middle) E. (Last) TAWES

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 22, 1860

9. AGE last birthday: 91 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sea captain

10b. KIND OF BUSINESS OR INDUSTRY: Commercial Fishing

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Tawes

14. MOTHER'S MAIDEN NAME: Grace Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: C. Lorenzo Tawes-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause — (a) Cerebral hemorrhage — Interval between onset and death: 3 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) General arteriosclerosis — Interval: years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **INJURY OCCURRED** While at work ☐ Not while at work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from July 15, 1952, to Aug 20, 1952, that I last saw the deceased alive on Aug 19, 1952, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE: Robert F. Lewis — (DEGREE OR TITLE) M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED: 8/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** Aug. 22, 1952 — **NAME OF CEMETERY OR CREMATORY:** Sunnyridge Cemetery — **LOCATION (City, town, or county) (State):** Crisfield, Md.

DATE REC'D BY LOCAL REG.: 8/22/52 — **REGISTRAR'S SIGNATURE:** Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors-Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-54

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AUG 25 1952
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (In this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mack (Middle) Durham (Last) Ward

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 5-1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Ward

14. MOTHER'S MAIDEN NAME: Elizabeth Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert Ward, Rural Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

580X

Immediate cause (a) Acute Hepatitis — From history — Interval Between Onset and Death: about 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Haemic - myocarditis — " " — 1 "

(c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1952 to Aug 18, 1952, that I last saw the deceased alive on Aug 18, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E Pentlerm M.D. — ADDRESS Marion-Md — DATE SIGNED August 23, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 24-1952 — NAME OF CEMETERY OR CREMATORY: Goodwill M E Cmtry — LOCATION (City, town, or county) (State): Rural Pocomoke, Md.

DATE REC'D BY LOCAL REG. Aug. 23, 1952 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR: Henry H. Watson — ADDRESS Pocomoke Md.

RECEIVED
AUG 27 1952
BUREAU V. S.